

Shared Maternity Care Accreditation and Reaccreditation: General Practitioners and Obstetricians



1. Purpose

The purpose of general practitioner and obstetrician Shared Maternity Care Affiliate credentialing is to:

- Recognise the community-based care provider of maternity care as an integral member of the health care team
- Identify health care providers who are appropriately qualified and meet agreed standards in the provision of care to mutual patients
- Outline the criteria and process to achieve and maintain credentialing as a shared maternity care affiliation as a general practitioner and obstetrician
- Clarify care and communication standards and facilitate communication with affiliates
- Support the quality provision of shared maternity care, continuing professional development and quality care improvements in shared maternity care
- Support good clinical governance

2. Definitions

Hospitals mean The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Northern Health and Western Health and their Community/Satellite Clinics.

General Practitioner (GP) means a registered medical practitioner who is qualified and competent for general practice in Australia. A general practitioner:

- Has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care; and
- Maintains professional competence for general practice (RACGP/ACCRM).

General Practitioner Liaison Officer and Unit (GPLO and GPLU): provides a link between the hospital and GPs, and encourages and improves communication and care planning, cooperation, efficiency and quality of care between hospitals and general practice in relation to patients and to services provided by the hospital (*Lippmann L, 2006*).

Shared Maternity Care Collaborative (SMCC) is the four shared maternity care programs and General Practice Liaison Units (or equivalent) at the hospitals.

Shared Maternity Care Affiliate (SMCA) means a suitably qualified general practitioner, obstetrician or midwife who has been accredited by the hospitals to undertake shared maternity care.

Shared Maternity Care: is a model of care in which maternity care is shared between a Shared Maternity Care Affiliate and the hospital at which a woman is booked for the birth. It is the joint provision of maternity care by an accredited community-based Shared Maternity Care Affiliate and hospital staff. The birth and immediate postnatal care are managed by the hospital. Shared Maternity Care is a maternity care option for women attending The Royal Women's Hospital. Suitability for shared maternity care is addressed in the hospitals Guidelines for Shared Maternity Care Affiliates.

Credentialing is the acknowledgement by the hospital(s) that a general practitioner, obstetrician or community midwife has met the stated criteria for Shared Maternity Care Affiliation.

Credentialing Criteria are a set of key criteria agreed by the hospitals as necessary to be met for Shared Maternity Care Affiliation with the four hospitals. These criteria are developed and agreed by the GP Liaison Units and relevant Clinical Directors at the four hospitals, in consultation with The Royal College of General Practitioners and relevant primary health care organisations. The credentialing criteria are reviewed each triennium (every three years).

Recredentialing is the acknowledgement by the hospital(s) that an accredited Shared Maternity Care Affiliate has met the stated recredentialing criteria for Shared Maternity Care Affiliation in a new triennium.

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Recredentialing Criteria are a set of key criteria agreed by the hospitals as necessary to be met for an accredited Shared Maternity Care Affiliate to reaccredit for Shared Maternity Care Affiliation in a new triennium. These criteria are developed and agreed by the GP Liaison Units and relevant Clinical Directors at the four hospitals, in consultation with The Royal Australian College of General Practitioners and relevant primary health care organisations. The recredentialing criteria are reviewed each triennium (every three years).

3. Responsibilities

Shared Maternity Care Affiliate and The Royal Women's Hospital staff:

- Provide high quality care
- Adhere to the hospital's guidelines for Shared Maternity Care Affiliates
- Document care on the patient's hand held record
- Undertake appropriate and timely communication and referral between providers
- Review investigations they have ordered in a timely way
- Follow-up abnormal investigations and findings.

Shared Maternity Care Affiliate:

- Agree and abide by the undertakings (4.1.6).

The Royal Women's Hospital:

- Provide appropriate guidelines to support high quality care, communication and referral
- Provide appropriate continuing professional development to support shared maternity care
- Have a robust and transparent system of good clinical governance
- Undertake quality assurance programs and service development
- Enrol women into shared maternity care
- Communicate with women about their anticipated care requirements
- Communicate with SMCA's in a timely and appropriate way.

Executive Director - (clinical):

- Approve GPs and obstetricians for credentialing as a SMCA
- Decision of appeals from general practitioners and obstetricians for and rejection of credentialing as shared maternity care affiliates.

General Practice Liaison Officer who is a registered medical practitioner:

- Approve accredited SMCA GPs and obstetricians for recredentialing as a SMCA (aligned to stated criteria)
- Recommend credentialing for GPs and obstetricians as SMCA to Executive Director - clinical.

4. Guideline

General Practitioners and Obstetricians: Initial Credentialing

Credentialing as a Shared Maternity Care Affiliate:

- Is applicable to an individual, not a practice
- Is given for a maximum of 4 years
- Credentialing is obtained until 31/12/2019

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There is joint credentialing criteria and a joint process between The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Western Health and Northern Health.

4.1 Criteria for credentialing

For successful credentialing as a Shared Maternity Care Affiliate, all the below criteria headings must be met.

Police and Identity Check

- Certified copy of proof of identity documents adding to 100-point check
- National Police Check (this can be up to 3 months old from the date of submission of application)
- If applicant has lived overseas for 12 months or more over the past 10 years, an International Police Check (this can be up to 3 months old from the date of submission of application)

Professional requirements

- Primary Medical degree (MBBS or equivalent)
- Current Unrestricted Medical Registration in Victoria
- Current Medical Indemnity Insurance membership
- In the event of conditional registration: this may be acceptable at the discretion of the Executive Director (clinical) after establishing the conditions with Australian Health Practitioner Regulation Agency and liaising with the Clinical Director of Maternity Services.

Curriculum Vitae and Continuing Professional Development

- Provision of Curriculum Vitae that details:
 - Undergraduate & postgraduate experience & qualifications in obstetrics, gynaecology and women's health
 - Clinical appointments
 - Academic appointments and teaching experience
 - Quality activities
- Evidence of compliance with professional standard requirements as determined by relevant College (e.g. continuing professional development for current and previous triennium)

Practice requirements

For General Practitioners initially accredited after 1st January 2014, shared maternity care affiliation is restricted to the provision of shared maternity care from general practices that meet current Practice Accreditation against the Royal Australian College of General practitioners Standards for General Practice (e.g. by Australian General Practice Accreditation Credentialing Limited or General Practice Australia).

At initial credentialing, the general practitioner seeking credentialing will be required to forward documentation to this effect.

Ongoing, it is the responsibility of the GP who is accredited as a SMCA to ensure they are providing shared maternity care from general practice/s that meet current Practice Accreditation against the Royal Australian College of General Practitioners Standards for General Practice.

Professional referees

The applicant is required to have two supportive referee checks of people who are in a position to comment on their experience and performance during the previous three years. It is preferable that at least one referee is a current shared maternity care affiliate or senior medical staff at any of the Royal Women's Hospital, Mercy

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Hospitals Victoria Ltd, Western Health or Northern Health. These nominated referees will be required to provide a structured format referee template.

Further qualifications and experience

One of the following must be fulfilled:

Obstetricians:

- Attainment of Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) or Fellowship of the Royal Australian College of Obstetricians and Gynaecologists (FRACOG).

General Practitioners:

- Attainment of Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) or Certificate Satisfactory Competition Training (CSCT) in Women's Health from RANZCOG in the previous 5 years; OR
- Attainment of DRANZCOG or Diploma Royal Australian College of Obstetricians and Gynaecologists (DRACOG) /or Certificate Satisfactory Competition Training (CSCT) in Women's Health or equivalent more than 5 years ago PLUS involvement in the provision of shared maternity care within the previous 5 years;

OR

- Fellow Royal Australian College of General Practitioners (FRACGP) plus Significant Experience as an Antenatal Care Provider.

This is decided on an individual basis and must be agreed upon by the designated registered medical practitioners, at the accrediting hospitals (i.e. The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Western Health and Northern Health). At the Royal Women's Hospital, this is the Head of the GP Liaison Unit;

OR

- FRACGP plus Successful completion of Hospital Antenatal Clinic Attendances and other training.

GPs with a FRACGP who do not meet the above postgraduate/experience requirements may apply for credentialing after undertaking training. This training is decided on an individual basis and must be agreed upon by the designated registered medical practitioners, at the accrediting hospitals (i.e. The Royal Women's Hospital, Mercy Public Hospitals Incorporated, Western Health and Northern Health). At the Royal Women's Hospital, this is the Head of the GP Liaison Unit.

This may consist of:

- RACGP GP Learning category 1 online activity Antenatal and Postnatal shared Care
- Other training (e.g. RACGP CHECK program, attendance at workshops etc.)
- Attendance at antenatal clinics at one or more of the hospitals, with at least one of these sessions undertaken at a primary hospital site.

Hospital Tour

If a GP is not familiar with the hospital, a tour of the hospital is required. This is generally undertaken by someone from the GP Liaison Unit. The objective of this is to reinforce the supports available at the hospital and how to access these and to enable GPs to see the environment women are cared for, birth and the postnatal wards.

Undertakings

To agree to:

- Review the hospitals guidelines for shared maternity care affiliates available via hospital websites

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- Observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral and sharing investigation results and management
- Provide a copy of this form will be readily available at my practice for administration and other staff
- Participate in appropriate continuing professional development for the provision of shared maternity care
- Ensure the hospitals have up to date preferred contact information (telephone, facsimile, postal address)
- Ensure the facsimile number given applies to a machine that is in a private location and procedures for handling patient information comply with privacy principles and legislation
- Ensure Medical Registration is current and without conditions and I will notify the hospitals if my registration is suspended, cancelled or has restrictions imposed
- Ensure Medical Indemnity Insurance will be maintained at an adequate level of cover for the duration of my participation in shared maternity care
- Keep appropriate clinical records and document care in the patient handheld record (e.g. Victorian Maternity Record)
- Make appropriate arrangements for continuing care with an accredited Shared Maternity Care Affiliate or the hospital where the woman is booked for birth when I am on leave or ill
- Acknowledge the hospitals conduct research activities and quality assurance programs and that Shared Maternity Care Affiliate or patient participation may be requested
- Authorise the hospitals and their General Practice Liaison Units/Shared Care teams to discuss details of my provision of shared maternity care, both within the hospitals and between hospitals
- Authorise the hospitals to exchange details about my credentialing, including contact details
- Authorise the hospitals to publicly publish and provide women and their families with my practice details, and languages spoken
- Not to provide intrapartum care for women who are booked for maternity care or undertaking shared maternity care with the hospitals
- Understand that Shared Maternity Care Affiliates found not to be adhering to guidelines and acceptable standards of quality of care may have their credentialing status reviewed and revoked
- Confirm that I undertake shared maternity care with the hospitals whilst working from a practice accredited against the RACGP Standards for general practice, and will inform the hospitals if I am no longer working at a practice that is currently accredited against the RACGP Standards for General Practice.

4.2 Process and evidence for credentialing

There is a joint credentialing criteria and process for applications for The Royal Women's Hospital, Mercy Public Hospitals Incorporated, Western Health and The Northern Health, whereby the applicant indicates which (up to all hospitals) they want to apply to.

Application forms can be obtained on any of the hospital websites.

Unless the applicant is currently employed as a medical practitioner at any of The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Western Health or Northern Health, then certified copies of all relevant certificates and documents must be provided. If these are not in English, they must also be translated.

Applications can be submitted by email to the Shared Maternity Care Coordinator at any of these sites. The application will be processed at the hospital site receiving the application or closest to the doctor's practice. Processing includes:

- Checking all requirements are met (refer to section 4.1)
- Checking all required documentation is included and correct

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- Checking current Unrestricted Medical Registration in Victoria on the Australian Health Practitioners Regulation Authority (AHPRA) website
- .
- Receiving two suitable referee checks. (Referees will be provided with a structured referee template; to determine suitability of the applicant for shared maternity care affiliation)

At the Royal Women's hospital, this will be undertaken by the Head of the GP Liaison Unit, Dr Ines Rio. If a recommendation for approval is made, the application will be forwarded to the Clinical Director of Maternity Services, A/Prof Mark Umstad for ultimate decision.

If it is deemed the applicant does not fulfil the required criteria, the applicant will be informed.

If an applicant is successful, documentation will be kept at the hospital site approving the application. Other hospital sites that the applicant has also been approved for will be notified of the outcome and will have access to that information as requested.

At The Royal Women's Hospital, the Clinical Director of Maternity Services, A/Prof Mark Umstad, is responsible for credentialing of general practitioners and obstetricians as shared maternity care affiliates. Appeals may be made to the Executive Director Clinical, Dr Mark Garwood.

4.3 General Practitioners and Obstetricians recredentialing

Recredentialing as a shared maternity care affiliate is for a maximum of 4 years, and there are criteria and processes for recredentialing each triennium. These criteria and processes differ from initial credentialing. Recredentialing as a Shared Maternity Care Affiliate:

- Is applicable to an individual not a practice
- Is given for a maximum of 4 years
- There is a joint recredentialing criteria and process between The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Western Health or Northern Health
- Recredentialing is next due on 31/12/2016 (and every 3 years forthwith). This is in line with the Royal Australian College of General Practitioners triennium.

Criteria for recredentialing

For successful recredentialing as a Shared Maternity Care Affiliate General Practitioner or Obstetrician, all the below criteria headings must be met.

Professional requirements

- Current unrestricted Medical Registration in Victoria, and
- Current Medical Indemnity/Insurance membership.

In the event of conditional registration: this may be acceptable at the discretion of the Executive Director (clinical) after establishing the conditions with Australian Health Practitioner Regulation Agency and liaising with the Clinical Director of Maternity Services.

Practice requirements

For General Practitioners initially accredited after 1st January 2014, shared maternity care affiliation is restricted to the provision of shared maternity care from general practices that meet current Practice Credentialing against the Royal Australian College of General practitioners Standards for General Practice (e.g. by Australian General Practice Credentialing Limited or General Practice Australia).

At initial credentialing, the general practitioner seeking credentialing will be required to forward documentation to this effect.

Ongoing continuing professional development

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One of the following must be fulfilled:

For obstetricians:

- Current Fellowship of RANZCOG.

For general practitioners:

- Ten RACGP Group 2 continuing professional development (CPD) points from activities directly related to pregnancy care, pre-pregnancy care, postnatal care or neonatal CPD activities, or
- One supervised hospital Antenatal Clinic session attendance at any of the hospitals within the triennium, or
- Attendance at the Annual Shared Maternity Care Workshop held at one of the four hospitals in the current triennium.

Alternative activities equivalent to ten Group 2 RACGP points may be applied for - this is decided on an individual basis by the registered medical practitioner at one of the four hospitals.

Undertakings

To agree to:

- Review the hospitals guidelines for shared maternity care affiliates available via hospital websites
- Observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral and sharing investigation results and management
- Provide a copy of this form will be readily available at my practice for administration and other staff
- Participate in appropriate continuing professional development for the provision of shared maternity care
- Ensure the hospitals have up to date preferred contact information (telephone, facsimile, postal address)
- Ensure the facsimile number given applies to a machine that is in a private location and procedures for handling patient information comply with privacy principles and legislation
- Ensure Medical Registration is current and without conditions and I will notify the hospitals if my registration is suspended, cancelled or has restrictions imposed
- Ensure Medical Indemnity Insurance will be maintained at an adequate level of cover for the duration of my participation in shared maternity care
- Keep appropriate clinical records and document care in the patient handheld record (e.g. Victorian Maternity Record)
- Make appropriate arrangements for continuing care with an accredited Shared Maternity Care Affiliate or the hospital where the woman is booked for birth when I am on leave or ill
- Acknowledge the hospitals conduct research activities and quality assurance programs and that Shared Maternity Care Affiliate or patient participation may be requested
- Authorise the hospitals and their General Practice Liaison Units/Shared Care teams to discuss details of my provision of shared maternity care, both within the hospitals and between hospitals
- Authorise the hospitals to exchange details about my credentialing, including contact details
- Authorise the hospitals to publicly publish and provide women and their families with my practice details, and languages spoken
- Not to provide intrapartum care for women who are booked for maternity care or undertaking shared maternity care with the hospitals
- Understand that Shared Maternity Care Affiliates found not to be adhering to guidelines and acceptable standards of quality of care may have their credentialing status reviewed and revoked
- Confirm that I undertake shared maternity care with the hospitals whilst working from a practice accredited against the RACGP Standards for general practice, and will inform the hospitals if I am no longer working

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at a practice that is currently accredited against the RACGP Standards for General Practice (For GPs who first accredit as Shared Maternity Care Affiliates after 1 January 2014.)

4.4 Process for recredentialing

Recredentialing occurs every triennium. This is next due on 31/12/2019 (and every 3 years forthwith, consistent with the Royal Australian College of General Practitioners triennium).

There is a joint recredentialing criteria and process for applications for The Royal Women's Hospital, Mercy Hospitals Victoria Ltd, Western Health and The Northern Health, whereby the applicant indicates which (up to all hospitals) he/she applies to.

All GP and obstetrician shared maternity care affiliates will receive notification at their nominated address of the criteria, process and timelines for recredentialing.

If a completed application is not returned by the due date, SMCA will receive at least one reminder notification. Shared maternity care affiliates who have not fulfilled requirements by 1st March the following year will lose their credentialing as a shared maternity care affiliate and their name is to be removed from the shared maternity care affiliate lists of all four hospitals. The affected medical practitioner will receive notification to this affect.

Individual GPs who are awaiting the fulfilment of specific criteria may have this extended by the Head of the GP Liaison Unit for a limited time, at the discretion of the Head of the GP Liaison Unit. Once shared maternity care affiliate affiliation has ceased, applicants will need to apply for credentialing (refer to section 4.1 Credentialing).

Applications will need to be submitted at the hospital designated for the receipt of recredentialing applications, but may be processed at any of the four hospital sites. Processing will include checking all requirements are met by the designated medical practitioner of the hospital (refer to section 4.2 Recredentialing).

The medical practitioners from the four hospitals meet at least twice a year, as the 'Shared Maternity Care Collaborative' with standing agenda items of credentialing and recredentialing of shared maternity care affiliate GPs and obstetricians.

At the Royal Women's hospital, this will be undertaken by the Head of the GP Liaison Unit, Dr Ines Rio, who is then responsible for approving or declining the application, with the applicant being informed of the outcome.

If an applicant is successful, documentation will be kept at the hospital site approving the application. Other hospital sites that the applicant has also been approved for will be notified of the outcome and for will have access to that information as requested.

Appeals may be made to the Clinical Director of Maternity Services, A/Prof Mark Umstad.

5. Evaluation, monitoring and reporting of compliance to this guideline

At the time of recredentialing a survey is provided to shared maternity care affiliates that covers the process and criteria of recredentialing and reasons why shared maternity care affiliates do not seek recredentialing.

Every three years medical practitioners from the 4 General Practice Liaison Units (or equivalent), the Obstetric heads of the four hospitals and GP representatives come together to review and decide on credentialing and recredentialing criteria for the next triennium.

6. References

1. Safer Care Victoria: Credentialing and scope of clinical practice for senior medical practitioners policy, January 2018: <https://www2.health.vic.gov.au/-/media/health/files/collections/policies-and-guidelines/c/credentialing-scope-clinical-practice-senior-medical-practitioners-policy-january-2018---.pdf>

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2. Guidelines for Shared Maternity Care Affiliates 2015, , The Royal Women's Hospital, Mercy Public Hospitals Incorporated and Western Health, Melbourne 2015
3. Memorandum of Understanding between, Mercy Public Hospitals Incorporated, Northern Health, The Royal Women's Hospital and Western Health; May 2014 (currently under review with plan to be updated December 2018)
4. Shared Maternity Care Affiliates - Clinical Governance Framework for Medical Practitioners The Royal Women's Hospital, Mercy Public Hospitals Inc., Northern Health and Western Health, RWH policy September 2016
5. Lippmann L, The Role & Achievements of Victorian Public Sector GP Liaison Officers, Australian Government Primary Health Care Research Evaluation Development (PHCRED) Strategy Jan 2006, p iii.

7. Legislation related to this guideline

Not applicable.

8. Appendices

Not applicable.

Please ensure that you adhere to the below disclaimer:

PGP Disclaimer Statement

The Royal Women's Hospital Clinical Guidelines present statements of 'Best Practice' based on thorough evaluation of evidence and are intended for health professionals only. For practitioners outside the Women's this material is made available in good faith as a resource for use by health professionals to draw on in developing their own protocols, guided by published medical evidence. In doing so, practitioners should themselves be familiar with the literature and make their own interpretations of it.

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